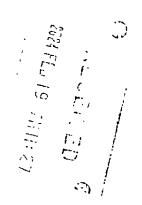
## M0700004392

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Umit					

Office Use Only



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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

\*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Name of the limited liability company: ERA FRANCHISE SYSTEMS LLC					
2.	(a)		({	o)		
	` ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		N	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
		175 PARK AVENUE	175 PARK AVENUE		( AVENUE	
		MADISON, NJ 07940	_	MADISON	N, NJ 07940	
		07/24/2007		м0700000	4392	
3.		Date of filing/registration in Florida	4.	<del></del>	Document number	
5.	(a)					
	(/	Registered Agent and Registered Office shown on the records of the Florida Dept. of State CORPORATE CREATIONS NETWORK, INC.  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			- ::	
					•	
		801 US HIGHWAY 1				
		NORTH PALM BEACH	33408	33408		
		NORTH PALM BEACH			-	
	(b)					
	(0)	inter name of NEW Registered Agent and/or NEW Registered Office address:				
		Corporation Service Company				
		NEW Registered Office Address:			•	
1201 Hays Street						
		Tallahassee FL	32301			
cha age wa	ange ent w s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- ter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	vs of the registere bility co f the lim	ed office and impany, it is lited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
JILL CILMI, AUTHORIZED PERSON						
Signature of a member or authorized representative of a member Printed or typed name of signee						
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.						
Sic	matur	Targe Totable	GRACE	ACE E. KIRBY, ASST. VICE PRESIDENT		